



# ALABAMA LICENSURE BOARD FOR Interpreters and Translators

P.O. Box 240187 Montgomery, AL 36124-0187 Phone: (334) 277-8881 Fax: (334) 277-0188

## License Renewal Application

*This application is for persons who currently hold an Interpreters or Translators License in Alabama.*

**First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **SS #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Current Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Please answer all questions and attach any supporting documentation**

	YES	NO
1. Are you currently charged with, or ever been convicted of a felony or misdemeanor?	_____	_____
2. Do you have any physical, mental or emotional impairments that would hinder your ability to perform duties assigned in the profession of Respiratory Therapy?	_____	_____
3. Are you or have you ever been addicted to alcohol or drugs?	_____	_____
4. Have you ever been treated for alcohol/substance abuse in a treatment center, hospital, or outpatient setting? If yes, give name of institution, date and length of treatment.	_____	_____
5. Has any state licensing board refused, revoked or suspended a certificate/license issued to you or taken other disciplinary action?	_____	_____
6. Have you ever voluntarily or otherwise surrendered your Healthcare or Respiratory license or certification/ registry in any jurisdiction, state or territory?	_____	_____
7. Are you currently under investigation by any healthcare licensing board or agency?	_____	_____
8. Have you had any malpractice suits filed against you or your employer on your behalf?	_____	_____
9. Are you an Citizen of the United States of America?	_____	_____

**List all credentials (MANDATORY):** \_\_\_\_\_

I affirm that all the information and documentation contained herein is correct, to the best of my knowledge. I have reviewed and understand the requirements for annual renewal. I further understand that this license limits holder to provide services in specific area for which license has been issued.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### You must include all of the following:

- This **NOTARIZED** application
- A \$175.00 Renewal Fee Check # \_\_\_\_\_
- Copy of your current RID membership card
- Copy of your current CMP transcript

Sworn to and subscribed before me this the

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Form valid for license only SB473-06-04